

## ACH Questionnaire State of Alabama

The Questionnaire will be completed for each file. One agency may have multiple ACH files originated; however, the questionnaire should be completed for each file in order to have detailed contact information per file.

### 1. General Information:

Agency:

Company Identification Number: (provided by Treasury)

Primary Contact Name:

Telephone Number:

Fax Number:

Email Address:

Secondary Contact Name:

Telephone Number:

Email Address:

### 2. ACH File Purpose: (select the one that applies to this file)

- ☐ Direct Deposit – ACH credits to consumer accounts
- ☐ Pre-authorized Consumer Payments – ACH debits to consumer accounts
- ☐ Corporate Credits – ACH credits to commercial accounts
- ☐ Corporate Debits – ACH debits to commercial accounts
- ☐ Tax Payments

### 3. Frequency of File:

This file will typically be processed:

- ☐ Daily
- ☐ Weekly; Day \_\_\_\_\_
- ☐ Twice a Month; Dates \_\_\_\_\_
- ☐ Monthly; on or about \_\_\_\_\_
- ☐ Quarterly
- ☐ Semi-Annually
- ☐ Annually
- ☐ Other: \_\_\_\_\_

### 4. File Acknowledgement:

Those listed below will receive an email confirmation that the file has been received and accepted for processing by the Wachovia ACH team. We strongly encourage you to provide up to 5 email addresses.

- 1.
- 2.

- 3.
- 4.
- 5.

**5. File Maintenance:**

The agency authorizes the following person to contact the Wachovia Customer Service ACH team for file corrections after the file has been delivered to Wachovia and before the cut-off time noted in Section 4 of General Information. (If this person is the same as the primary or secondary contact provided above, provide name only).

Name:

Telephone Number:

Email Address:

**6. ACH Returns:**

This is the person that will be contacted regarding any items returned. If this is the same as the primary or secondary contact provided above, provide name only.

ACH Returns Contact:

Telephone Number:

Fax Number:

E-mail Address:

Please provide mailing addresses for those to receive a mailed ACH return report directly from Wachovia. Include additional names and information if more than three need to receive the written report.

1.   Name  
      Agency  
      Mailing Address  
      City, State, Zip
2.   Name  
      Agency  
      Mailing Address  
      City, State, Zip
3.   Name  
      Agency  
      Mailing Address  
      City, State, Zip